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Date: January 18, 2005

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FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9305

To: Examiner M. Duncan
Group Art Unit 2113, USPTO

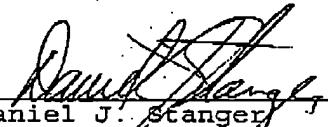
From: Mr. Daniel J. Stanger
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/075,990
Attorney Docket No.: ASA-1064

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

PTO-1083 TRANSMITTAL;
REPLY;
PETITION FOR ONE-MONTH EXTENSION OF TIME; AND
CREDIT CARD FORM INCLUDING \$320.00 IN PAYMENT
OF PETITION FOR ONE-MONTH EXTENSION OF
TIME AND 1 ADDITIONAL INDEPENDENT CLAIM.


Daniel J. Stanger
Reg. No. 32,846

January 18, 2005

Date

Total Number of Pages (including cover sheet): 22

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please CALL (703) 684-1120. Thank you.

FORM PTO-1083

PATENT

Case Docket No. ASA-1064

In RE application of M. YAMAMOTO et al

Serial No.: 10/075,990

Group Art Unit: 2113

Filed: February 15, 2002

Examiner: M. DUNCAN

For: METHOD AND SYSTEM FOR MANAGING SUBJECT DEVICE
THROUGH NETWORK AND INFORMATION PROCESSING SYSTEM
PERFORMING MANAGEMENT

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Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total * 11	Minus ** 21	- 0
Indep. * 5	Minus *** 4	- 1
<input type="checkbox"/> First Presentation of Multiple Dependent Claims		

SMALL ENTITY

Rate	Additional Fee
x 9 \$	
x 42 \$	
+ 140 \$	
Total \$	

OR

OTHER THAN A SMALL ENTITY

Rate	Additional Fee
x 18 \$	0
x 200 \$	200
+ 280 \$	0
Total \$	200

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
- ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
- *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
- The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☒ A check in the amount of \$ 320.00 is attached in payment of:
CREDIT CARD FORM ATTACHED FOR 1 ADL IND CL& 1M EQT
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By: 

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Date: January 18, 2005

02 FC:1201

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